

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43043

Registrar's No. 2609

Registration District No. 784

Primary Registration District No. 112

1. PLACE OF DEATH:

- (a) County ROCK HILL
(b) City or town MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
ROCK HILL 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME AUGUST SCHWADE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife MRS. ELLEN L. SCHWADE 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JULY 8 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 5 13 hr. min.

9. Birthplace ROCK HILL MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name PHILLIP SCHWADE
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name NOT KNOWN
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ELLEN L. SCHWADE
(b) Address ROCK HILL, MO.

17. (a) BURIAL (b) Date thereof DEC-24-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETER'S CEM.
(d) Signature of funeral director M. J. Croghan

(b) Address 7146 MANCHESTER AVE

19. (a) DEC 23 1941 (b) E. J. McDaniel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County ST. LOUIS
(c) City or town ROCK HILL
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day SUNDAY
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 20 - 1940
to Dec 22 1941
that I last saw him alive on Sat. Dec 22
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 18 Mo

Due to Interstitial Nephritis
Chronic - conl. arteriosclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

Signature _____ (M. D. or other) _____
Date signed 12/23/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Francis A. Williamson*

Licensed Embalmer No. *3565*

P. O. Address..... *7401 Zephyr Pl*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.